

INPROCESSED

# IPM Resources LLC

4032 Crockers Lake Blvd., Suite 818, Sarasota, FL Phone: (215) 497-9501 Fax: (215) 497-9502

*"an intellectual property management resource company"*

## VIA FEDEX EXPRESS – NDA

February 09, 2011

[wasem.russell@epa.gov](mailto:wasem.russell@epa.gov)

[Ph: 1 (703) 305-6997]

Document Processing Desk (DCI-PRD)  
Office of Pesticide Programs (7504P)  
U.S. Environmental Protection Agency  
Room S-4900, One Potomac Yard  
2777 South Crystal Drive  
Arlington, VA 22202-4501  
ATTN: Russell Wasem/PRD

SUBJECT: 90-Day DCI Response (RR-129099-30160 IMIDACLOPRID)  
ROTAM LTD  
Rotam Imidacloprid Technical (81598-5)

Dear Mr. Wasem:

The purpose of this letter is to transmit to the Agency Rotam 90-Day DCI response on behalf of Rotam Limited for EPA Generic Data Call-in Notice RR-129099-30160 IMIDACLOPRID. Attached to this letter please find enclosed the following documents:

- Transmittal Form (EPA Form 8570-1).
- 90-Day Generic & Product Specific Response Form (81598-5).
- Requirements and Status Registrant's Response Form.
- Confidential Statement of Formula for Rotam Imidacloprid Technical (81598-5). *Destroyed RW*
- Completed and Signed EPA Form 8570-32.
- Completed and Signed EPA Form 8570-34.
- Supporting Offer-to-Cost Share Letter w/USPS dated Certification Stamp.
- Updated Data Matrix for Rotam Imidacloprid Technical (81598-5), incl. Redacted version. *Destroyed RW*

In Compliance with FIFRA section 3(c)(2)(B)(iii) Rotam Limited has made an Offer-to-Cost Share to the 15 Registrants of Record as of the date of the Issuance of the Generic DCI RR-129099-30160. A copy of the offer-to-cost share letter to Bayer Cropscience LP, Basic Registrant, is attached.

If you have any questions or need additional information, please do not hesitate to contact me at any time.

Sincerely,



Frank E. Sobotka, Ph.D.  
Senior Partner  
IPM Resources LLC (Agent for Rotam Limited)

Cc: Rotam Limited



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number Rotam Ltd. / 81598	2. EPA Product Manager Russell Wasem	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Rotam Imidacloprid Technical	PM# RMIB	
5. Name and Address of Applicant (Include ZIP Code) ROTAM LTD. C/O IPM Resources LLC (Agent) 4032 CROCKERS LAKE BLVD., SUITE 818  <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

## Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Submission of 90-day Response (Imidacloprid Technical DCI Rr-129099-30160).  
Rotam Limited (81598-5).

## Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal	
				<input type="checkbox"/> Plastic	
				<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
* Certification must be submitted				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container	5. Location of Label Directions <input type="checkbox"/>			
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph Paper glued Stenciled			<input type="checkbox"/> Other _____		

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Frank E. Sobotka, Ph.D.	Title Agent	Telephone No (Include Area Code) 215 497-9501	
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 	3. Title Agent		
4. Typed Name Frank E. Sobotka, Ph.D.	5. Date February 10, 2011		

2/17/11



United States Environmental Protection  
Agency Washington, D.C. 20460

OMB Approval 2070-0174

OMB Approval 2070-0107  
OMB Approval 2070-0057

## DATA CALL-IN RESPONSE

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form.  
Use additional sheet(s) if necessary.

1. Company Name and Address ROTAM LIMITED 4032 CROCKERS LAKE BLVD., STE 818 SARASOTA, FL 43238		2. Case # and Name  Chemical # and Name 129099 Imidacloprid		3. Date and Type of DCI and Number  10-Nov-2010 GENERIC ID # RR-129099-30160	
4. EPA Product Registration	5. I wish to cancel this product registration voluntarily	6. Generic Data		7. Product Specific Data	
		6a. I am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA registration number listed below.	6b. I agree to satisfy Generic Data requirements as indicated on the attached form entitled "Requirements Status and Registrant's Response."	7a. My product is an MUP and I agree to satisfy the MUP requirements on the attached form entitled "Requirements Status and Registrant's Response."	7b. My product is an EUP and I agree to satisfy the EUP requirements on the attached form entitled "Requirements Status and Registrant's Response."
81598-5			yes	N.A.	N.A.
8. Certification I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment on both under applicable law.				9. Date	
Signature and Title of Company's Authorized Representative <i>[Signature]</i> Agent				02/09/11	
10. Name of Company Rotam Ltd				11. Phone Number	

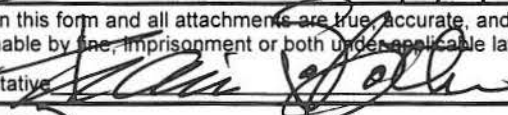
United States Environmental Protection  
Agency Washington, D.C. 20460

OMB Approval 2070-0174

OMB Approval 2070-0107  
OMB Approval 2070-0057

**REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE**

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form.  
Use additional sheet(s) if necessary.

1. Company Name and Address ROTAM LIMITED 4032 CROCKERS LAKE BLVD., STE 818 SARASOTA, FL 43238		2. Case # and Name  Chemical # and Name 129099 Imidacloprid		3. Date and Type of DCI and Number 10-Nov-2010 GENERIC ID # RR-129099-30160					
4. Guideline Requirement Number	5. Study Title	P R O T O C O L	Progress Reports			6. Use Pattern	7. Test Substance	8. Time Frame (Months)	9. Registrant Response
			1	2	3				
835.4300	<u>Environmental Fate Data Requirements (Conventional Chemical)</u> Aerobic aquatic metabolism					H, R, U, BB, I, K, II, Q, A, B, C, J, T, S	TGAI or PAIRA	24	3
850.4100	<u>Nontarget Plant Protection Data Requirements (Conventional Chemical)</u> Terrestrial plant toxicity, Tier 1 (seeding emergence) (5, 10)					H, R, U, BB, I, K, II, Q, A, B, C, J, T, S	TEP	12	3
850.4150	Terrestrial plant toxicity, Tier 1 (vegetative vigor) (3, 11, 12)					H, R, U, BB, I, K, II, Q, A, B, C, J, T, S	TEP	12	3
850.4400	Aquatic plant toxicity test using Lemna spp. Tiers I and II (4)					H, R, U, BB, I, K, II, Q, A, B, C, J, T, S	TEP or TGAI	12	3
875.2300	<u>Post-Application Exposure Data Requirements (Conventional Chemical)</u> Indoor surface residue dissipation (1, 13, 14)					H, R, U, BB, I, K, II, Q, A, B, C, J, T, S	TEP	12	3
850.3040	<u>Terrestrial and Aquatic Nontarget Organisms Data Requirements (Conventional Chemical)</u> Field testing for pollinators (2, 15)					H, R, U, BB, I, K, II, Q, A, B, C, J, T, S	TEP	24	3
870.7800	<u>Toxicology Data Requirements (Conventional Chemical)</u> Immunotoxicity					H, R, U, BB, I, K, II, Q, A, B, C, J, T, S	TGAI	12	3
10. Certification I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law. Signature and Title of Company's Authorized Representative 							11. Date 02/09/11		
12. Name of Company ROTAM LTD							13. Phone Number 215 497-9501		

Q101 Approved 2370-0174

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form. Use additional sheet(s) if necessary.

[illegible]

Initial to indicate certification as to information on this page  
(full text of certification is on page one).

Date \_\_\_\_\_

02/09/11





United States Environmental Protection Agency  
Washington, D.C. 20460  
CERTIFICATION OF ATTEMPT TO ENTER INTO AN  
AGREEMENT WITH REGISTRANTS FOR  
DEVELOPMENT OF DATA

Form Approved.

OMB Nos. 2070-0057;  
2070-0107; 2070-0122;  
2070-0164

**Paperwork Reduction Act Notice:** The public reporting burden for this collection of information is estimated to average 15 minutes per response including time for reading the instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Director, Collection Strategies Division (2822T), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, N.W., Washington, DC 20460. Do not send the form to this address.

Please fill in blanks below

Company Name

ROTAM LIMITED

Company Number

81598-5

Chemical Name

IMIDACLOPRID

EPA Chemical Number

129099

I Certify that:

My company is willing to develop and submit the data required by EPA under the authority of the Federal Insecticide, Rodenticide and Fungicide Act (FIFRA), if necessary. However, my company would prefer to enter into an agreement with one or more registrants to develop jointly or share in the cost of developing data.

My firm has offered in writing to enter into such an agreement. That offer was irrevocable and included an offer to be bound by arbitration under section 3(c)(2)(B)(iii) of FIFRA if final agreement on all terms could not be reached otherwise. This offer was made to the following firm(s) on the following date(s):

Name of Firm(s)

Bayer Environmental Science/Lanxess Corp./Celsius Property B.V. (MANA, Inc.)/United Phosphorus, Inc./Nufarm Americas Inc./Bayer Cropscience, LP/Nufarm, Inc./Nufarm Americas, Inc./Hebei Veyong Bio-chemical/Advan LLC/Amtide, LLC/Albaugh Inc./Control Solutions, Inc./Source Dynamics, LLC/Sharda Worldwide Exports PVT. LTD/Ensystex III, Inc.

Date of Offer

February 09, 2011

Certification:

I certify that I am duly authorized to represent the company name above, and that the statements that I have made on this form and all attachments therein are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature of Company's Authorized Representative

Date

02/09/2011

Name and Title (Please Print or Type)

Frank E. Sobotka, Ph.D.



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY**  
**401 M Street, S.W.**  
**WASHINGTON, D.C. 20460**

**Paperwork Reduction Act Notice:** The public reporting burden for this collection of information is estimated to average 1.25 hours per response for registration and 0.25 hours per response for reregistration and special review activities, including time for reading the instructions and completing the necessary forms. Send comments regarding burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Director, OPPE Information Management Division (2137), U.S. Environmental Protection Agency, 401 M Street, S.W., Washington, DC 20460. Do not send the completed form to this address.

**Certification with Respect to Citation of Data**

Applicant's/Registrant's Name, Address, and Telephone Number ROTAM LTD, c/o IPM Resources LLC (Agent), 4032 Crockers Lake Blvd., Suite 818, Sarasota, FL 34238 215 497-9501	EPA Registration Number/File Symbol 81598 - 5
Active Ingredient(s) and/or representative test compound(s) IMIDACLOPRID	Date FEBRUARY 10, 2011
General Use Pattern(s) (list all those claimed for this product using 40 CFR Part 158) TERRESTRIAL FOOD CROP/TERRESTRIAL NON-FOOD (Domestic Outdoor)/GREENHOUSE FOOD & NON-FOOD/FORESTRY	Product Name ROTAM IMIDACLOPRID TECHNICAL

**NOTE:** If your product is a 100% repackaging of another purchased EPA-registered product labeled for all the same uses on your label, you do not need to submit this form. You must submit the Formulator's Exemption Statement (EPA Form 8570-27).

☐ I am responding to a Data-Call-In Notice, and have included with this form a list of companies sent offers of compensation (the Data Matrix form should be used for this purpose).

**SECTION I: METHOD OF DATA SUPPORT** (Check one method only)

<input type="checkbox"/> I am using the cite-all method of support, and have included with this form a list of companies sent offers of compensation (the Data Matrix form should be used for this purpose).	<input checked="" type="checkbox"/> I am using the selective method of support (or cite-all option under the selective method), and have included with this form a completed list of data requirements (the Data Matrix form must be used).
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**SECTION II: GENERAL OFFER TO PAY**

[Required if using the cite-all method or when using the cite-all option under the selective method to satisfy one or more data requirements]

☐ I hereby offer and agree to pay compensation, to other persons, with regard to the approval of this application, to the extent required by FIFRA.

**SECTION III: CERTIFICATION**

I certify that this application for registration, this form for reregistration, or this Data-Call-In response is supported by all data submitted or cited in the application for registration, the form for reregistration, or the Data-Call-In response. In addition, if the cite-all option or cite-all option under the selective method is indicated in Section I, this application is supported by all data in the Agency's files that (1) concern the properties or effects of this product or an identical or substantially similar product, or one or more of the ingredients in this product; and (2) is a type of data that would be required to be submitted under the data requirements in effect on the date of approval of this application if the application sought the initial registration of a product of identical or similar composition and uses.

I certify that for each exclusive use study cited in support of this registration or reregistration, that I am the original data submitter or that I have obtained the written permission of the original data submitter to cite that study.

I certify that for each study cited in support of this registration or reregistration that is not an exclusive use study, either: (a) I am the original data submitter; (b) I have obtained the permission of the original data submitter to use the study in support of this application; (c) all periods of eligibility for compensation have expired for the study; (d) the study is in the public literature; or (e) I have notified in writing the company that submitted the study and have offered (i) to pay compensation to the extent required by sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA; and (ii) to commence negotiations to determine the amount and terms of compensation, if any, to be paid for the use of the study.

I certify that in all instances where an offer of compensation is required, copies of all offers to pay compensation and evidence of their delivery in accordance with sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA are available and will be submitted to the Agency upon request. Should I fail to produce such evidence to the Agency upon request, I understand that the Agency may initiate action to deny, cancel or suspend the registration of my product in conformity with FIFRA.

I certify that the statements I have made on this form and all attachments to it are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature 	Date 02/10/2011	Typed or Printed Name and Title Frank E. Sobotka, Ph.D. (Agent)
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# IPM Resources LLC

4032 Crockers Lake Blvd., Suite 818, Sarasota, FL 34238 Phone: (215) 497-9501 Fax: (215) 497-9502

"an intellectual property management resource company"

February 09, 2011

VIA CERTIFIED MAIL: 7010 1060 0001 3788 9887

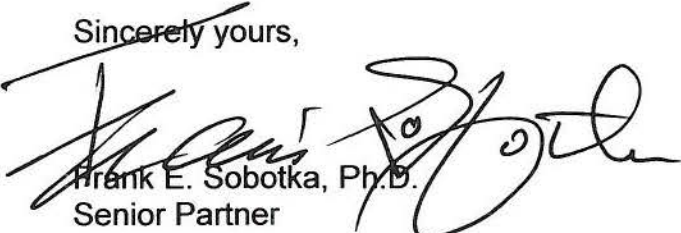
BAYER CROPSCIENCE LP  
PO BOX  
12014 2 T.W. ALEXANDER DRIVE  
RESEARCH TRIANGLE PARK, NC 27709

SUBJECT: Generic Data Call-in/Offer-to-Cost Share  
IMIDACLOPRID (RR-129099-30160)

Dear Sir Madam:

In accordance with the terms required by FIFRA section 3(c)(2)(B)(iii) Rotam Limited hereby offers to enter into a joint data development/cost sharing program to jointly share in developing the data to satisfy the data requirements under Generic Data Call-in Notice RR-129099.

Sincerely yours,

  
Frank E. Sobotka, Ph.D.  
Senior Partner  
IPM Resources LLC (Agent)

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com.  
DURHAM NC 27705

OFFICIAL USE	
Postage	\$ 0.44
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.54

0302  
03  
Postmark  
Here  
02/10/2011

Sent To  
BAYER CROPSCIENCE LP  
PO BOX 12014  
2 T.W. ALEXANDER DRIVE  
RESEARCH TRIANGLE PARK, NC 27709

PS Form 38